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11/14/04

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

367.40103X00
NC 25226 US

Fee
only

Applicant(s): Andrew Strawn et al

Serial No.: 09/852,630

Filed: May 11, 2001

For: RADIOTELEPHONE

Art Unit: 2683

Examiner: Marcos L. Torres

RECEIVED

JAN 08 2004

Technology Center 2600

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

December 29, 2003

Sir:

This is in response to the first Office Action of October 2, 2003. Please amend the above-identified application as listed below and as set forth on the following pages:

Amendments to the Specification and Abstract

Amendments to the Claims

Remarks are included following the amendments

01/06/2004 HVLON61 00000112 09852630

01 FC:1202

36.00 DP

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

09852630

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	minus 20=	*
INDEPENDENT CLAIMS	minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

12-29-03 CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 24	Minus ** 20	= 4
Independent	* 1	Minus *** 3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input checked="" type="checkbox"/>			

7-13-04

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 22	Minus ** 24	=
Independent	* 1	Minus *** 3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐

RATE	FEE
BASIC FEE	385.00
X\$ 9=	
X43=	
+145	
TOTAL	

OR OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	770.00
X\$18=	
X86	
+240=	
TOTAL	

SMALL ENTITY

RATE	ADDITIONAL FEE
X\$ 9=	
X43=	
+145=	
TOTAL ADDIT. FEE	

OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X\$18=	72
X86=	
+240=	290
TOTAL ADDIT. FEE	362

RATE	ADDITIONAL FEE
X\$ 9=	
X43=	
+145	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X86=	
+240=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$ 9=	
X43=	
+145	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X86=	
+241=	
TOTAL ADDIT. FEE	

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PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

09852630

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	minus 20 =	*
INDEPENDENT CLAIMS	minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

12-14 *ef*

AMENDMENT A	C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	22	Minus	** 24 =
	Independent	*	1	Minus	*** 3 =
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

(Column 1) (Column 2) (Column 3)

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*		Minus	** =
	Independent	*		Minus	*** =
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

(Column 1) (Column 2) (Column 3)

AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*		Minus	** =
	Independent	*		Minus	*** =
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE	395.00	OR	BASIC FEE	790.00
XS 25 =		OR	XS 50 =	
X 100 =		OR	X 200 =	
+ 180 =		OR	+ 360 =	
TOTAL		OR	TOTAL	

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
XS 25 =		OR	XS 50 =	
X 100 =		OR	X 200 =	
+ 180 =		OR	+ 360 =	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
XS 25 =		OR	XS 50 =	
X 100 =		OR	X 200 =	
+ 180 =		OR	+ 360 =	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
XS 25 =		OR	XS 50 =	
X 100 =		OR	X 200 =	
+ 180 =		OR	+ 360 =	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

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